

# U.S. Department of Energy

# PROCEDURE

## Federal Energy Technology Center

P 440.1-34

DATE: 2/2/98

TITLE: INJURY/ILLNESS/OCCURRENCE INVESTIGATION AND REPORTING

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1. PURPOSE: This Procedure sets forth the minimum requirements for injury/illness/occurrence reporting and investigation for the Federal Energy Technology Center and applies to all Federal employees and contractors working on FETC-owned or leased property under contracts valued at more than \$10,000. This Procedure does not apply to contractors working at their own facilities or under contract for \$10,000 or less.
2. CANCELLATION: METC Procedure 3790.1-34A and PETC Policy EH&S 4.1.10.
3. REFERENCES:
  - a. DOE O 440.1, Worker Protection Management for DOE Federal and Contractor Employees, latest revision.
  - b. DOE O 225.1, Accident Investigations, latest revision.
  - c. DOE G 225.1, Implementation Guide for Use With DOE O 225.1, Accident Investigations, latest revision.
  - d. DOE O 231.1, Environment, Safety and Health Reporting, latest revision.
  - e. DOE M 231.1-1, Environment, Safety and Health Reporting Manual, latest revision.
  - f. DOE O 232.1A, Occurrence Reporting and Processing of Operations Information, latest revision.
  - g. DOE M 232.1-1A, Occurrence Reporting and Processing of Operations Information Manual, latest revision.
  - h. "Recordkeeping Guidelines for Occupational Injuries and Illnesses," OMB No. 1220-0029.
  - i. 29 CFR 1960 Subpart I, Recordkeeping and Reporting Requirements for Federal Employees.

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DISTRIBUTION: As Required  
NO. OF PAGES: 8, 3 Attachments

INITIATED BY: Office of Systems and  
Environmental Analysis

- j. 29 CFR 1904, Recordkeeping and Reporting Occupational Injuries and Illnesses.

4. DEFINITIONS:

- a. Incident -- An event which resulted in a recordable injury or illness or a reportable occurrence.
- b. Recordable Injury or Illness -- An occupationally related injury or illness as defined by the Occupational Safety and Health Administration (References h, i, and j).
- c. Reportable Occurrence -- An event which is classified as off-normal, unusual, and/or emergency situation (Reference g).

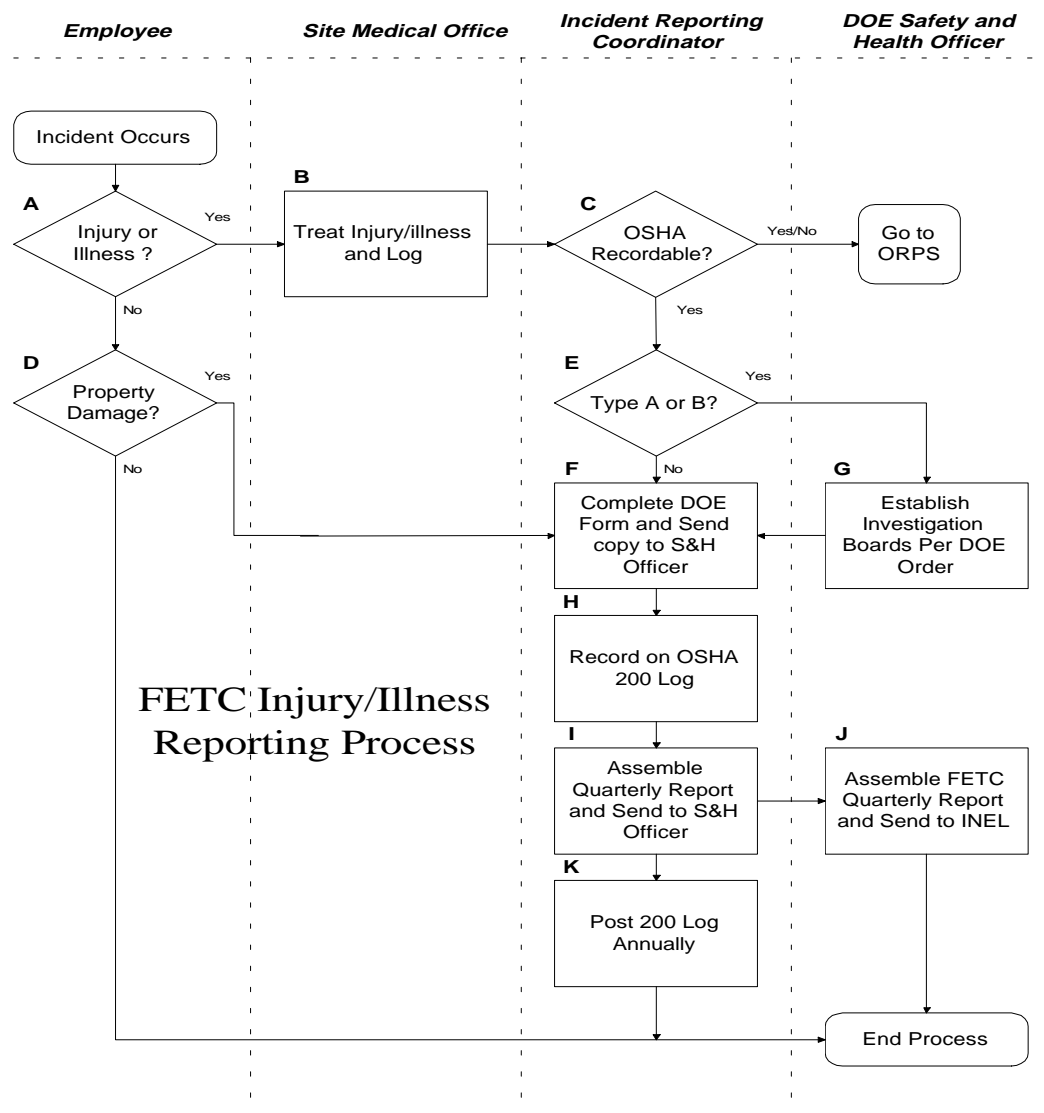
Other definitions can be found in the guideline documents, specifically Appendix 2 of Reference c, Appendix A of Reference g, and References h, i, and j.

5. PROCEDURE:

***Procedure for Investigating and Reporting Injuries and Illnesses***

A flow chart of the injury/illness reporting procedure is shown in Figure 1. This flow chart outlines the flow of the process for reporting, investigating, and recording injuries and illnesses. Following the flow chart is more detail for each of the boxes of the flow chart which are designated by the corresponding letter. Attachments to this Procedure contain additional information and forms that are to be used for this Procedure.

- a. Following the incident, the injured or ill employee shall report to the site medical office for emergency treatment and recommendations for further treatment, if needed. The employee shall also report the incident to their immediate supervisor as soon as they are able. The site medical office shall treat the injured or ill employee as appropriate until the employee's medical care is turned over to their employer for further medical care, follow up, worker compensation claims, or other treatment.
- b. The site medical office treats the injury or illness and logs the injury per their local procedure for logging visits to the medical office. The medical office notifies the Organization Incident Reporting Coordinator of the incident. The Organization Incident Reporting Coordinator shall make an informal notification of the incident to the FETC Safety and Health Officer.



**Figure 1.** FETC Injury/Illness Reporting Process

- c. The Organization's Incident Reporting Coordinator shall determine if the injury or illness is recordable. Reference h shall be used to determine if the injury or illness is recordable.
- d. If there is property damage, then the Organization Incident Reporting Coordinator is notified to determine if property damage reporting threshold have been exceeded. The reporting thresholds, forms, and other instructions are found in References d and e.
- e. A decision is made regarding the level of investigation that is needed. All injuries and illnesses shall be investigated

to determine root cause and to provide for corrective actions.

- f. The supervisor of the injured/ill employee or the area where the property damage occurred shall ensure that corrective actions are taken to prevent recurrence. DOE F 5484.3, Attachment 1, shall be completed within six (6) working days after the receipt of information that an occupational injury or illness has occurred and forwarded to the Organization Incident Reporting Coordinator. The Organization Incident Reporting Coordinator shall send a copy to the FETC Safety and Health Officer.
- g. If the injury or illness is a Type A or B injury/illness then the FETC Safety and Health Officer shall be notified to establish the proper investigation board. Types A and B investigations shall be conducted per References b and c. For Type A investigations, the Safety and Health Officer shall notify the FETC Director, Assistant Secretary for Fossil Energy, and the Assistant Secretary for Environment, Safety and Health to start the process for Type A investigations.

For Type B investigations, the Safety and Health Officer shall notify the FETC Director with recommendations for a Type B investigation. The Director shall appoint the investigation board consisting of the following:

- Safety and Health Officer -- Chairperson.
- One Associate Director.
- One trained accident investigator.
- A representative of the employee's organization.
- Subject matter experts as needed.

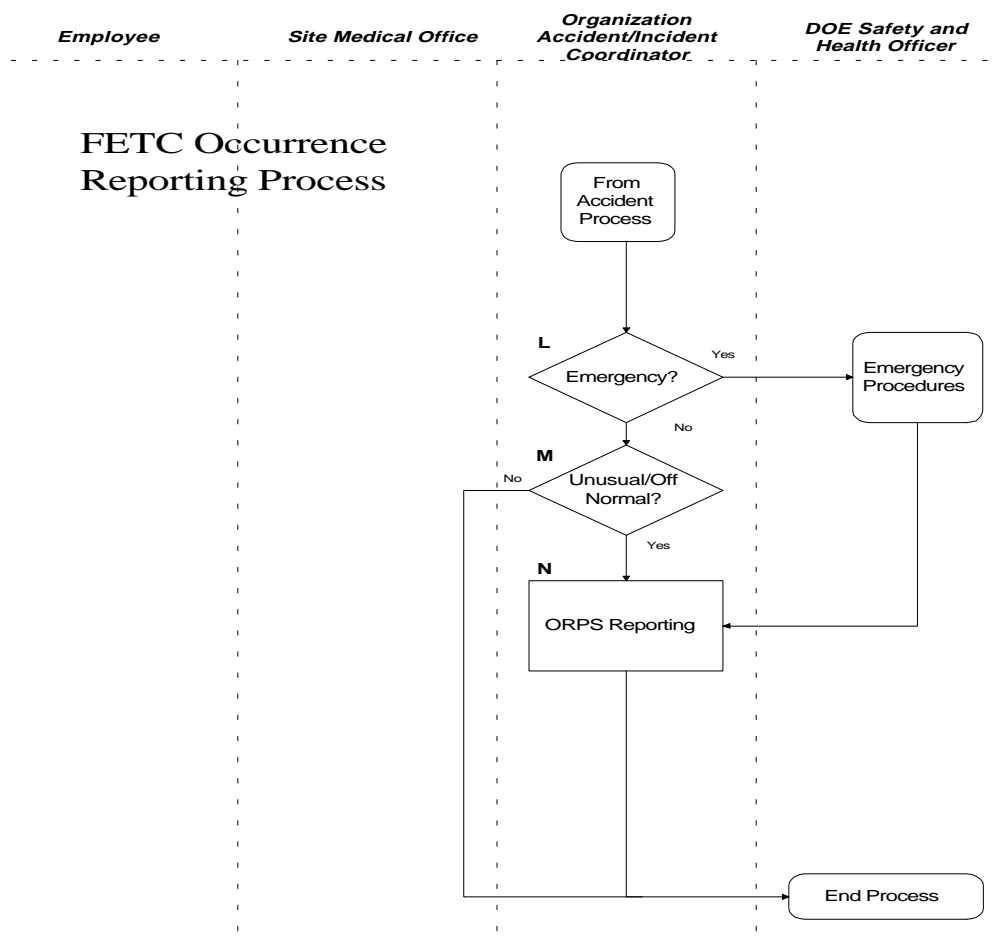
Reference c shall be used in conducting the Type B investigation.

- h. The injury/illness is recorded on the organization's OSHA 200 log within 6 working days.
- i. Quarterly reports are assembled using the forms in Attachments 1 and 2 as appropriate and sent to the Safety and Health Officer by the 15th day of the month following the quarter (April, July, October, January). Reference e contains instructions for completing these forms. Attachment 3 is a summary of reporting requirements.
- j. The Safety and Health Officer shall assemble each organization's quarterly report and submit them using the Transmittal Form from Reference e, Attachment 4.

- k. DOE-FETC shall post its injury/illness records (OSHA 200 Log) not later than 45 calendar days after the close of the fiscal year. The annual summary shall be posted for a minimum of 30 consecutive days in a conspicuous place or places in the establishment where notices to employees are customarily posted. Contractors shall post their OSHA 200 Log by February 1 of each year in a conspicuous place where employees' notices are customarily posted.

The following flow chart is the Occurrence Reporting portion of Figure 1. As with the first figure, the following notes correspond to the flow chart.

1. If the incident is suspected to be an emergency, then the site emergency procedures shall be implemented as appropriate. Questions regarding the classification of an event shall be addressed to the Safety and Health Officer.



**Figure 2.** Occurrence Reporting Process

- m. If the incident is suspected to be unusual or off-normal, the reporting procedures found in Reference g shall be used to report the occurrence. Questions regarding the classification of an event shall be addressed to the Safety and Health Officer.
- n. The ORPS reporting process is found in Reference g.

6. QUALITY CONTROL:

- a. The FETC Safety and Health Officer shall review all DOE F 5484 forms to ensure proper investigations and corrective actions have been completed.
- b. The FETC Safety and Health Officer shall track and trend injuries and illnesses to look for systemic problems within the program.

7. RESPONSIBILITIES:

- a. Managers and supervisors shall:
  - (1) Be familiar with this Procedure and their responsibilities.
  - (2) Make their employees aware of this Procedure and the employee's responsibilities to report all incidents whether they result in injury or illness.
  - (3) Conduct investigations for all incidents under their jurisdiction and document the investigation on the DOE F 5484 or the occurrence report whichever is appropriate.
  - (4) Initiate corrective actions and track them to closure.
- b. Employees shall:
  - (1) Understand their responsibility to report all incidents to their immediate supervisor.
  - (2) Cooperate with the individuals conducting investigations and complete the required forms and witness statements as requested.
- c. Organization Incident Reporting Coordinator shall:
  - (1) Adhere to this Procedure as minimum requirements for processing, investigating, and reporting incident information.

- (2) Ensure that their organization's OSHA 200 logs are maintained.
  - (3) Ensure the DOE F 5484 forms and occurrence reports are completed when required and submitted timely per this Procedure.
  - (4) Ensure that quarterly reports are submitted to the Safety and Health Officer timely per this Procedure.
- d. FETC Safety and Health Officer shall:
  - (1) Manage this program by maintaining this Procedure, all appropriate records, and providing interpretations of this Procedure.
  - (2) Ensure that FETC quarterly reports are submitted timely per this Procedure.
  - (3) Analyze injury/illness data to look for trends that may be an indication of systemic problems that need to be addressed within the ES&H program.
  - (4) Report incident information to the FETC Executive Board and make recommendations for improvements to the ES&H program based on analysis of the data.
  - (5) Be the FETC point of contact for Types A and B investigations.
- e. FETC Director shall be the appointing official for Type B investigations.
- f. Site medical unit shall:
  - (1) Render emergency medical treatment as necessary to employees.
  - (2) Make recommendations to the employee and employer as to further treatment of the injury or illness.
  - (3) Inform the Organization Incident Reporting Coordinator of all incidents related to their employees.
- 8. TRAINING REQUIREMENTS: Those with responsibilities within the Procedure shall be familiar with the requirements of this Procedure. No formal training nor recurring training is required.
- 9. DOCUMENT CONTROL: All incident documentation and records shall be maintained by the Office of Systems and Environmental Analysis

Procedure: Injury/Illness/Occurrence Investigation and Reporting

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for a period of 5 years. Contractors shall maintain their own records per DOE Order 1324.5B, RECORD MANAGEMENT PROGRAM.

This Procedure shall be modified as necessary to ensure compliance with new requirements to make improvements.

Approved: \_\_\_\_\_  
OSEA Associate Director

Approved: \_\_\_\_\_  
FETC Safety and Health Officer

Concur: \_\_\_\_\_  
OPSSO Associate Director

\_\_\_\_\_  
Directives Coordinator



U.S. Department of Energy  
**INDIVIDUAL ACCIDENT/INCIDENT REPORT***Official Use Only - Privacy Act*

## For CAIRS Use Only

P.D. Accident Type ☐ ☐ Energy Flow ☐ ☐ ☐ ☐Enter GICS \_\_\_\_\_ Narrative \_\_\_\_\_ FRASE Coding \_\_\_\_\_ Revision: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

## General Information

1. Organization Name \_\_\_\_\_  
Organization Code ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2. Case Number ☐ ☐ ☐ ☐ ☐ ☐
3. Multiple Case Number ☐ ☐
4. Accident Type ☐ Injury/Illness ☐ Vehicle  
☐ Property Damage ☐ Other
5. Investigation Type ☐ A ☐ B ☐ C ☐ Non-recordable
6. Department, Division,  
or I.D. Code \_\_\_\_\_
7. Date of Occurrence ☐ ☐ ☐ ☐ ☐ ☐  
Month Date Year
8. Time ☐ ☐ ☐ ☐ (Military)
9. Accident Occurred ☐ Indoors ☐ Outdoors
10. On Employer's Premise ☐ Yes ☐ No
11. Specific Location \_\_\_\_\_

## Employee Information

12. Check One: ☐ Injured/Ill Employee  
☐ Operator of Equipment/Vehicle
13. Name \_\_\_\_\_
14. S.S./I.D. Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
15. Age ☐ ☐ ☐
16. Sex: ☐ Female ☐ Male
17. Occupation \_\_\_\_\_
18. Length of present employment:  
☐ Under 3 months ☐ 3 to 12 months ☐ Over 12 months
19. Experience on this job/equipment:  
☐ Under 3 months ☐ 3 to 12 months ☐ Over 12 months

If Property Damage or Vehicle Accident, go to Line 26

## Injury/Illness (OSHA Information)

20. ☐ Injury Code (10)  
☐ Code 7a(21) - Skin disease or disorders  
☐ Code 7b(22) - Dust diseases of lungs  
☐ Code 7c(23) - Resp. due to toxic agents  
☐ Code 7d(24) - Poisoning  
☐ Code 7e(25) - Disorders-Physical agents  
☐ Code 7f(26) - Disorders-Repeated trauma  
☐ Code 7g(29) - All others
21. Workdays Lost ☐ ☐ ☐ ☐
22. Workdays Restricted ☐ ☐ ☐ ☐
23. Death ☐ Yes ☐ No  
If "Yes," enter date ☐ ☐ ☐ ☐ ☐ ☐  
Month Date Year
24. Permanent transfer to different job because of accident?  
☐ Yes ☐ No  
Terminated because of accident?  
☐ Yes ☐ No
25. Has employee returned to work with no further anticipated  
workdays lost or restricted?  
☐ Yes ☐ No

## Property/Vehicle Damage

26. Property ☐ Fire ☐ Non-Fire  
(If Property Damage Accident go to Line 30)
27. Vehicle ☐ Government  
☐ Private - Driver by Government Employee  
☐ Car/Pickup/Van/Motorcycle  
☐ Truck (1 ton or over)  
☐ Bus  
☐ Other (Air, Marine, Railroad, etc.)
28. Was vehicle equipped with seat belts? ☐ Yes ☐ No  
If "Yes," was seat belt working properly? ☐ Yes ☐ No
29. Did vehicle accident involve recordable injury? ☐ Yes ☐ No
30. \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Total Accident Damage
- \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
DOE Property/Vehicle
- \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Non-DOE Property/Vehicle
31. \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Claim against DOE
- \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Reimbursed to DOE
- \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Paid by DOE
- \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
Paid to DOE
32. Are the dollar amounts final? ☐ Yes ☐ No

## Equipment/Hardware/Vehicle Involved (as applicable)

33. #1 Equipment \_\_\_\_\_  
Generic (or brand) name and model
- Identification Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- #2 Equipment \_\_\_\_\_  
Generic (or brand) name and model
- Identification Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

34. Did equipment design or defect contribute to accident cause  
or severity? ☐ Yes ☐ No

## NARRATIVE GUIDE

DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE/OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g., he slipped on the wet floor and broke his right toe.

35. Activity in progress at time of accident. Be specific. For example, if the employee was using tools or equipment or handling material, name them and tell what he was doing with them.

36. Events - Begin with initiating event and end with nature and extent of injury/damage. Name any objects or substances involved and tell how they were involved. Use a separate sheet for additional space.

Name and address of physician \_\_\_\_\_

If hospitalized, name and address of hospital \_\_\_\_\_

37. Accident Causes

\_\_\_ a. Conditions

b. Actions

c. Factors influencing a or b.

38. Corrective Actions (if risk is acceptable, corrective action may not be necessary)

a. Actions taken

b. Actions recommended

c. To be completed by \_\_\_\_\_  
Implementation Date

39. Accident Investigator \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_  
Official Position ☐ Supervisor ☐ Safety Professional ☐ Other \_\_\_\_\_

40. Supervisor responsible for Corrective Action \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

41. Accident Investigation Contact

(if different from line 39) \_\_\_\_\_ Telephone \_\_\_\_\_

## ATTACHMENT 2

DOE F 5484.4  
(09-95)  
All Other Editions  
Are Obsolete

OMB Control No  
1910-0300

**U.S. Department of Energy  
Tabulation of Work-Hours and Vehicle Usage, and Property  
Valuation  
OMB Burden Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Program Management Group, Records Management Team, HR-424 - GTN, Paperwork Reduction Project (1910-0300). U.S. Department of Energy, 1000 Independence Ave., S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0300), Washington, DC 20503

Reporting Organization \_\_\_\_\_ Calendar Year 19 \_\_\_\_\_

Organization Code |\_|\_|\_|\_|\_|\_|\_|\_| Reporting Quarter [☐] 1 [☐] 2 [☐] 3 [☐] 4

Revision: [☐] Yes [☐] No

**PART A Tabulation of Work - Hours, and Vehicle Usage**

A. Total Work- Hours this Quarter \_\_\_\_\_

**DOE OR DOE - CONTRACTOR - OPERATED CONVEYANCES**

Type of Vehicle		NUMBER OF CONVEYANCES	QUARTERLY USAGE	
			MILES OF TRAVEL	HOURS OPERATED
B. Cars, Light Trucks, Vans & Motorcycles				
C. Trucks (1 ton and over)				
D. Buses				
E. Aircraft	Fixed Wing			
	Rotary			
F. Marine				
G. Railroad				

Submitted by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

For CAIRS Use Only

Date received: \_\_\_\_\_

CRT Input: \_\_\_\_\_

### ATTACHMENT 3

#### Summary of Injury/Illness/Property Damage Reporting Requirements

Type of Report	Reporting Threshold	Reporting Schedule	Form to Use	Comments
Injury/ Illness	<p>Injuries that are work related and require more than first aid.</p> <p>Illnesses that are work related.</p> <p>See comments for more guidance.</p>	<p>Send notification of injury or illness via e-mail to FETC Safety and Health Officer.</p> <p>Quarterly by April 15, July 15, October 15, and January 15 to the FETC Safety and Health Officer.</p>	DOE F 5484.3	<p>Use the following for guidance in reporting:</p> <p>"Recordkeeping Guidelines for Occupational Injuries and Illnesses," OMB No. 1220-0029.</p> <p>29 CFR 1960 Subpart I, Recordkeeping and Reporting Requirements for Federal Employees.</p> <p>29 CFR 1904, Recordkeeping and Reporting Occupational Injuries and Illnesses.</p>
Property Damage	\$5,000 or more, \$1,000 for a vehicle owned or leased by the Government.	Quarterly by April 15, July 15, October 15, and January 15 to the FETC Safety and Health Officer.	DOE F 5484.3	See Appendix C of DOE M 231.1-1.
Work Hours	All work hours for the quarter shall be reported.	Quarterly by April 15, July 15, October 15, and January 15 to the FETC Safety and Health Officer.	DOE F 5484.4	
Vehicle Miles	All vehicle miles driven on Government-owned vehicles.	Quarterly by April 15, July 15, October 15, and January 15 to the FETC Safety and Health Officer.	DOE F 5484.4	

ATTACHMENT 4

DOE M 231.1-1  
9-30-95

D-1 (and D-2)

APPENDIX D  
TRANSMITTAL OF INDIVIDUAL ACCIDENT/INCIDENT REPORTS  
(EXAMPLE)

Reporting Organization: \_\_\_\_\_

Organization Code Number: \_\_\_\_\_

Date of Transmittal: \_\_\_\_\_

Number of New Accident/Incident Reports Included in Transmittal: \_\_\_\_\_  
(List by case number each report included in transmittal)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Revised Accident/Incident Reports Included in Transmittal: \_\_\_\_\_  
(List by case number each report included in transmittal)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Person:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_